

East London Foundation Trust (ELFT) Hardship Fund

What is the ELFT Hardship Fund?

Charitable donations have been made to ELFT which have allowed the ELFT to create a Hardship Support Fund.

The ELFT Hardship Fund is accessible for both our staff and our service users/patients and provides financial support to help when it is most needed. It can help alleviate unexpected financial hardship at any times but especially during unprecedented times for both the NHS and for the economy of the whole country such as a pandemic.

ELFT Hardship is defined as something or circumstances that causes difficult or unpleasant conditions of life – an example might be financial hardship causing a person or people (eg a family unit) hunger and suffering, deprivation, oppression or a lack of comfort as a result.

Hardship Fund grants can be considered for all types of reasons such as, but not limited to, the following - costs such as childcare; travel and general living costs, such as rent, food, and utility costs, clothing and essential food supplies. Consideration can be given for grants to help meet exceptional costs, such as repairs to or replacement of essential household equipment, assistance with reasonable priority debts, and other emergency situations which arise.

The fund is not designed to meet the cost of education and training (with the exception of student loan payments) nor unreasonable and foreseeable debts.

You will need to give a detailed explanation in your application.

A grant from the fund is not an entitlement. Payments from the fund are made in cases of extreme hardship only. Staff and service users are therefore encouraged not to rely on the Fund as an alternative source of annual income. You should therefore seek alternative sources of income, as a grant is not guaranteed, and can only be given when charitable donations are available.

Please note that you will speed up the application process by completing all of the form clearly and accurately and by submitting all your supporting evidence.

Grants will be awarded at the following levels

Level one – Up to £100

Level two - £101 - £1,000

Level three - £1,001 or more

The financial year runs from April to March.

The aim is to help as many people in possible in hardship and grants can only be awarded up to the value in the charitable fund.

Applications are limited to one application at each level of grant shown above in any one financial year (the financial year runs from April through to March).

Who can Apply?

Any member of staff can apply, regardless of home address or hours worked.

Next of Kin is able to apply on their behalf, in circumstances where the employee is unable.

A member of staff is able to nominate another member of staff if they feel there is a need, although further information may be required from the nominee.

Any patient or service member, regardless if out of area.

A member of staff is able to nominate or request a grant for a patient or service user, eg for a set of new clothes on discharge.

Completing the Application

Please complete the application in as much detail as possible.

For any claim above £100, further supporting information will be required, as detailed below.

Please complete both the income and expenditure sections, including your partner's income (or partner's benefit entitlement) and any debts (if applicable). Bank account overdrafts are not classed as debt.

When entering your own or your partner's 'net earnings', please note that 'net' means the amount earned after all tax and other deductions have been made.

Please indicate if the figures provided are monthly, weekly or quarterly etc.

Any debts should be entered as total amount owed.

All amounts should be as accurate as possible.

Please provide the name of your bank, the account number and sort code for the account into which we should pay the grant, should your application be successful.

You must also provide bank statements for all bank accounts held and these must be dated for the last three months. Underline all amounts over £100, and explain what the payment is for. All the other documents will vary depending on circumstances, but may include partner's pay slips, letter of redundancy or furlough, credit card statements, mortgage statements etc. If you do not provide all necessary documentation, we cannot process your application.

The grant can, if awarded, be paid to a third party. These payments normally are for priority debts, as these debts should be dealt with first and quickly. Grants should be based on the payment required to prevent further action being taken by the creditor(s) within the maximum amounts payable from the fund.

During the assessment process, where there are priority debts listed, and the Third Party payment consent is not signed, you will be contacted seeking confirmation of this information before payment is made.

Please read, sign and date the declaration before submitting the form. If the declaration is not signed it will hold up the payment of the grant to you or your third party, if awarded.

You need to provide a personal statement (typed or written clearly) explaining what your current financial situation is and the reasons why you are applying to the Fund.

Evidence of rent can be in the form of a Tenancy Agreement or a letter signed by your landlord confirming how much rent is paid. If you have a mortgage, you must provide a mortgage statement.

Please note: all documents submitted must be genuine photocopies of original documents. Any applications for a grant that are found to be fraudulent will be referred to the Trust's Counter Fraud Team for investigation and could result in disciplinary action and criminal proceedings.

Submitting the Application

Once you have photocopied and attached all documents to your completed form, please submit it to XXXXXXXXXXXX@nhs.net mark.dunne@nhs.net

All personal and financial information will be kept confidential and will be kept limited in its distribution, understanding of the sensitivity of this type of grant, and to encourage people to apply in the knowledge that their financial situation will remain private.

Your application form and all attached documents will be checked and you will be contacted if more information is required before a decision can be made and application forms without all photocopied documents required will be queried.

You will be sent an email as confirmation of your receipt. Please retain this as proof of submission.

The aim will be to turn round requests as follows

Level one – as soon as possible, decision within 7 days from completed application

Level two – as soon as possible, decision within 14 days from completed application

Level three – as soon as possible, decision within 30 days from completed application

You will be informed of the outcome of your application via email.

Claims up to £100 will be approved by the Finance Director or their deputy

Claims over £100 and up to £1,000 will be considered by a panel which will meet regularly. The panel will consist of one member of staff side, a senior member of finance and a senior member of People & Culture.

Claims over £1,000 will be considered by a larger panel that will include directors of ELFT. The panel will consist of one member of staff side, at least one member of finance and at least one member of People & Culture, and two directors.

The Hardship Fund will not be able to approve grants if the charitable funds for hardship are exhausted, but anyone who was rejected due to this reason will be invited to re-apply once funds are re-established.

Payment Details & Review

Payments will be made as soon as possible after the grant has been awarded, but within two weeks.

Payment will be made to either the applicant or third party as previously stated.

Payment will be made to bank account information given, and the Trust is not responsible for incorrect information being supplied.

Please note: as this is a fund comprising of charitable donations it is not the intention to refuse a grant request. In the event that an application is rejected, full reasons will be given and an indication will be given as to whether the application can be resubmitted with further information. However, the decision of the reviewer, panel or committee is final, and there is no right of appeal.

Contact Details

If you need any support in your application, there are volunteers willing to assist you. Please contact Katrina Leighton in the first instance to arrange a contact.

ELFT HARDSHIP FUND APPLICATION

Surname	
Forename(s)	
Who cEmployee No. (if applicable)	
Service user/patient location (if applicable)	
Date of Birth	
Home Address	
Contact number	
Email Address	
Your annual income	
Other household income (eg partner's income)	
Grant Amount Requested	

In the space below, please provide as much information as possible to help the panel when considering your request. Please ensure to include supporting financial information to support your claim if over £100

In this space please list the supporting evidence you have included with your application.

I declare that the information I have given is correct and complete and that I/the claimant (delete as appropriate) have not claimed elsewhere for the monies being requested. I understand that if I knowingly provide false information this may result in disciplinary action if I am employed by ELFT and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this application form to and by the Trust and the NHS Counter Fraud Authority (NHS CFA) for the purpose of verification of this application and the investigation, prevention, detection and prosecution of fraud.

Signature of claimant.....

Or

Name of third part submitting on behalf of claimant.....

Signature of third party submitting on behalf of

Date.....

Equality Monitoring Information

Ethnicity – Please indicate <input checked="" type="checkbox"/> which one of the following categories that best describes your ethnicity?					
White					
A - White British	<input type="checkbox"/>	B - White Irish	<input type="checkbox"/>	C - White Other	<input type="checkbox"/>
Mixed/multiple ethnic groups					
D - Mixed White & Black Caribbean	<input type="checkbox"/>	E - Mixed White & Black African	<input type="checkbox"/>	F - Mixed White & Asian	<input type="checkbox"/>
Asian/Asian British					
H - Indian	<input type="checkbox"/>	J - Pakistani	<input type="checkbox"/>	K - Bangladeshi	<input type="checkbox"/>
L - Asian Mixed	<input type="checkbox"/>				
Black/Black British					
M - Caribbean	<input type="checkbox"/>	N - African	<input type="checkbox"/>		
E. Other ethnic group					
Any other ethnic group, please specify:					

Marriage / Civil Partnership					
(In terms of the Equality Act 2010, we would only require information relating to someone married or in a civil partnership). Please indicate <input checked="" type="checkbox"/> one which best describes your relationship status?					
Single	<input type="checkbox"/>	Civil Partnership	<input type="checkbox"/>	Married	<input type="checkbox"/>
Partnered/Living with partner	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Divorced	<input type="checkbox"/>
Widowed/Surviving partner	<input type="checkbox"/>	Other, please specify:			

Sexual Orientation – Please indicate <input checked="" type="checkbox"/> a category which best identifies your sexual orientation?					
Heterosexual/Straight	<input type="checkbox"/>	Gay/Lesbian	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>
Not Stated	<input type="checkbox"/>	Other sexual orientation not listed	<input type="checkbox"/>	Undecided	<input type="checkbox"/>
Other, please specify:					

Disability				
Are you disabled? (This applies if your day-to-day activities are limited because of a health problem or physical, mental or sensory impairment, which has lasted or is expected to last at least 12 months)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please indicate <input checked="" type="checkbox"/> from the following categories (tick all that apply):				
Mental Health	<input type="checkbox"/>			
Wheelchair user / Mobility impairment	<input type="checkbox"/>			
Memory or ability to concentrate, learn or understand (Learning Disability)	<input type="checkbox"/>			
Progressive conditions and physical health (e.g. cancer, Multiple Sclerosis)	<input type="checkbox"/>			
Deaf or hard of hearing	<input type="checkbox"/>			
Speech	<input type="checkbox"/>			
Blind or partially sighted	<input type="checkbox"/>			
Other, please specify:	<input type="checkbox"/>			

Religion/Belief - Please indicate <input checked="" type="checkbox"/> which category best describes your religion or belief?							
Christian	<input type="checkbox"/>	Judaism	<input type="checkbox"/>	Islam	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	Jain	<input type="checkbox"/>	None/Atheist	<input type="checkbox"/>
Other, please specify:							

Age Group - Please indicate <input checked="" type="checkbox"/> which category best describes your religion or belief?							
16-24	<input type="checkbox"/>	30-39	<input type="checkbox"/>	50-59	<input type="checkbox"/>	70 and over	<input type="checkbox"/>
25 - 29	<input type="checkbox"/>	40-49	<input type="checkbox"/>	60-69	<input type="checkbox"/>		

Please note the information you provide will be processed in the strictest confidence, in keeping with provisions of the Data Protection Act 1998 and will be used solely for equality monitoring purposes. Individuals will not be personally identifiable within equality reporting, as the data will be aggregated and totally anonymised.